

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/52,506

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3	1						53						
4	1						54						
5		31					55						
6		12					56						
7		31					57						
8		13					58						
9		1					59						
10		1					60						
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13		1					63						
14		1					64						
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18		1					68						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3	↓		↓		↓	TOTAL IND.	↓		↓		↓	
TOTAL DEP.	15	←		←		←	TOTAL DEP.	←		←		←	
TOTAL CLASSES	18						TOTAL CLASSES						